Assumption of Risk & Release of Liability

In consideration of being permitted to participate in the activity(ies) aforementioned, the participant acknowledges the following:
I acknowledge:
that I am aware of the possible risks, dangers, and hazards associated with my participation in the Activity, including the possible risk of severe or fatal injury to myself or others. In return for Furman University allowing me to voluntarily participate in the Activity, I agree to assume and accept all risks arising out of, associated with, or related to my participating in the Activity and to be solely responsible for any injury, loss, or damage which I might sustain while participating in the Activity. These risks include, but are not limited to, travel to and from location(s) visited during the Activity.

☐ (electronic initials)
To the maximum extent permitted by the law:
I release and indemnify Furman University and its officers, directors, employees, volunteers, and representatives, from and against any present or future claim, loss, or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Activity.

☐ (electronic initials)
To the maximum extent permitted by the law:
I hereby grant permission to Furman University or its agents and emergency responders to arrange or render medical treatment or evacuation or any other medical services deemed necessary or appropriate for my safety and well-being, if I should become injured or ill during the Activity.

☐ (electronic initials)
Photo Release
I grant Furman University, in its sole discretion, full permission to take and use photographs and/or videos of me, either alone or with others, for use on University web sites or other electronic form, print or media, without notifying me, in promotion of Furman University and its related entities. I hereby waive any right to inspect or approve the photographs or electronic matter used in promotion of Furman University and its related entities.

☐ (electronic initials)
Electronic Signature
I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

☐ By checking this box I am providing my electronic signature.
Please provide the date the participant completed and signed the form.